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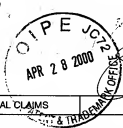
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NIXON PEABODY LLP  
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McLEAN, VA 22102

QM12/0127



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Jeannie Saxton

(Depositor's name)

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|  |             |              |                             |               |
|--|-------------|--------------|-----------------------------|---------------|
| APPLICATION NO.  | FILING DATE | TOTAL CLAIMS | EXAMINER AND GROUP ART UNIT | DATE MAILED   |
| 08/753,929   | 12/03/96    | 006          | SAYDAH, J                   | 3764 01/27/00 |
| First Named Applicant: ROTHSCHILD, 35 USC 154(b) term ext. = 0 Days. |             |              |                             |               |

TITLE OF INVENTION: NATURAL FOOT ORTHOSIS AND METHOD OF MANUFACTURING THE SAME

|                   |                |           |             |              |           |          |
|-------------------|----------------|-----------|-------------|--------------|-----------|----------|
| ATTY'S DOCKET NO. | CLASS-SUBCLASS | BATCH NO. | APPLN. TYPE | SMALL ENTITY | FEE DUE   | DATE DUE |
| 3 07920119        | 602-027.000    | H36       | UTILITY     | NO           | \$1210.00 | 04/27/00 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and: names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Nixon Peabody, LLP  
2. Donald R. Stuebaker  
3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE: Rothschild's Orthopedics

(B) RESIDENCE: (CITY & STATE OR COUNTRY) Salisbury, Maryland

Please check the appropriate assignee category indicated below (will not be printed on the patent)

- ☐ Individual ☒ Corporation or other private group entity ☐ government

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The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature) Donald R. Stuebaker, Reg. No. 32,815 (Date) 4/26/00

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